

COUNTRY PROFILE: MADAGASCAR

MADAGASCAR COMMUNITY HEALTH PROGRAMS
DECEMBER 2013









Advancing Partners & Communities

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TABLE OF CONTENTS

ACRONYMS	VI
I. INTRODUCTION	I
II. GENERAL INFORMATION	I
III. COMMUNITY HEALTH WORKERS	4
IV. MANAGEMENT AND ORGANIZATION	8
V. POLICIES	13
VI. INFORMATION SOURCES	14
VII. AT-A-GLANCE GUIDE TO MADAGASCAR COMMUNITY HEALTH SERVICE PROVISION	15

ACRONYMS

AIDS acquired immunodeficiency syndrome

BCC behavior change communication

CHE community health educators

CHV community health volunteers/Program, or Agents de Sante à Base Communitaire (ASBC),

CHW community health worker

DMPA (IM) Intramuscular Depo-Provera

FAM fertility awareness method

FP family planning

GoM Government of Madagascar

HIV human immunodeficiency virus

IMCI integrated management of childhood illnesses

IRS indoor residual spraying

IUD intrauterine device

MAHEFA USAID-funded Madagascar Community-Based Integrated Health Project (CBIHP)

MAP Madagascar Action Plan

MCH maternal and child health

MOH Ministry of Health

MSM Marie Stopes Madagascar

NGO nongovernmental organization

ORS oral rehydration solution

PMTCT prevention of mother-to-child transmission (of HIV)

PPH postpartum hemorrhage

PSI Population Services International

SDM standard days method

SP sulphadoxine-pyrimethamine (for treatment of uncomplicated malaria)

UNICEF United Nations Children's Fund

USAID U.S. Agency for International Development

VCT voluntary counselling and testing

WASH water, sanitation, and hygiene

I. INTRODUCTION

This Country Profile is the outcome of a landscape assessment conducted by Advancing Partners & Communities (APC) staff and colleagues. The landscape assessment focused on the United States Agency for International Development (USAID) Population and Reproductive Health priority countries, and includes specific attention to family planning as that is the core focus of the APC project. The purpose of the landscape assessment was to collect the most up to date information available on the community health system, community health workers, and community health services in each country. This profile is intended to reflect the information collected. Where possible, the information presented is supported by national policies and other relevant documents; however, much of the information is the result of institutional knowledge and personal interviews due to the relative lack of publicly available information on national community health systems. As a result, gaps and inconsistencies may exist in this profile. If you have information to contribute, please submit comments to info@advancingpartners.org. APC intends to update these profiles regularly, and welcomes input from our colleagues.

II. GENERAL INFORMATION

	Madagascar currently has three community health programs, listed below. One is implemented by the Ministry of Health (MOH), with the remaining two implemented by Marie Stopes Madagascar (MSM).						
1	What is the name of this program*, and who supervises it (Government, nongovernmental organizations (NGOs), combination, etc.)? Please list all that you are aware of. *If there are multiple programs, please add additional columns to the right to answer the following questions according to each community health program.	The Community Health Volunteers (CHVs) Program, or Agents de Sante à Base Communitaire (ASBC), is supervised by the MOH and implemented by 16 NGOs and United Nations Children's Fund (UNICEF).	The Community Health Education Model Program is supervised by Marie Stopes Madagascar.	The MS Lady Program provides maternal health and delivery care and is implemented by Marie Stopes Madagascar.			

2	How long has this program been in operation? What is its current status (pilot, scaling up, nationalized, non-operational)?	The program was first implemented in 2007. It currently functions nationwide.	The program has been in operation since 2011. It is currently operational and scaled to size. It employs 28 Community Health Educators (CHEs) in selected districts.	The MS Lady program has been in operation since 2009.
3	Where does this program operate? Please note whether these areas are urban, peri-urban, rural, or pastoral. Is there a focus on any particular region or setting? Please note specific districts/regions, if known.	The program currently operates in rural regions of Madagascar. The USAID-funded Madagascar Community-Based Integrated Health Project (CBIHP), known locally as MAHEFA, operates in nine regions of Western and Northern Madagascar. The Primary Health Care Project is working with about 12,000 CHVs in 6,000 villages (about 60% of the country). Overall, the program operates in 16 regions.	The program operates in districts in Southwest, Central, and Northern Madagascar.	Information unavailable
4	If there are plans to scale up the community health program, please note the scope of the scale-up (more districts, regional, national, etc.) as well as location(s) of the planned future implementation sites.	The program is currently scaling up with an overall goal of training 34,000 CHVs to work in over 17,000 villages countrywide. Additionally, the program is hoping to move from a tiered two-cadre system, to one cadre of higher-trained workers.	Information unavailable	Information unavailable

5	Please list the health services delivered by community health workers (CHWs1) under this program. Are these services part of a defined package? Do these services vary by region?	Workers in the Community Health Volunteers Program provide primary health care services, including family planning (FP) method counseling and short-acting contraceptives, and maternal, newborn and child health services such as community case management for uncomplicated malaria, pneumonia, and diarrheal diseases.	The program offers a range of family planning services including information and education, method counseling, and method distribution.	MS Ladies provide family planning information and method distribution, and assist in child deliveries.
6	Are FP services included in the defined package, if one exists?	Yes, family planning services are included in the package of services provided by the program.	n the package of services only services offered in this program.	
7	Please list the family planning services and methods delivered by CHWs.	Community Health Volunteers offer method counseling across all family planning methods and distribute oral pills, condoms, CycleBeads, and injectable contraceptives.	Community Health Educators provide information and education and method counseling for all family planning methods. Additionally, they distribute oral pills, condoms, and CycleBeads in their communities.	MS Ladies provide information and method counseling across all family planning methods and distribute oral pills, condoms, CycleBeads, injectable contraceptives, implants, and intrauterine devices (IUDs).
8	What is the general service delivery system (e.g. how are services provided? Door-to-door, via health posts/other facilities, combination)?	Services are delivered door-to-door.	Information unavailable	MS ladies travel by bus, bicycle, or on foot to reach women and men in their communities.

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The term "CHW" is used as a generic reference for community health workers for the purposes of this landscaping exercise. Country-appropriate terminology for community health workers is noted in the response column.

III. COMMUNITY HEALTH WORKERS

9	Are there multiple cadre(s) of health workers providing services at the community level? If so, please list them by name and note hierarchy.	There is one cadre of community workers in the CHV Program: CHVs.	The Community Health Education Model has one cadre of health workers: CHEs.	The MS Lady Program has one cadre of health workers, MS Ladies.
10	Do tasks/responsibilities vary among CHWs? How so (by cadre, experience, age, etc.)?	Organization and management of CHVs differs based on the implementing NGO and/or project. Some projects divide CHVs by task and intervention area and other projects have the CHVs deliver integrated services.	There is only one cadre of CHW in this program.	There is only one cadre of CHW in this program.
П	Total number of community health workers (CHWs) in program? Please break this down by cadre, if known, and provide goal and estimated actual numbers. Please note how many are active/inactive, if known.	There are over 13,000 CHVs currently active in the program.	There are presently 28 trained CHEs.	There are currently 45 MS Ladies active throughout Madagascar.
12	Criteria for CHWs (e.g. age, gender, education level, etc.)? Please break this down by cadre, if known.	CHVs must be respected in the community, have reading and writing skills, and be under the age of 45.	Information unavailable	MS ladies must be trained midwives.
13	How are the CHWs trained? Please note the length, frequency, and requirements of training. Please break this down by cadre, if known.	CHVs are trained in family planning service delivery, community integrated management of childhood illnesses (IMCI), sanitation, behavior change communication (BCC) techniques, and use of CHV service tools. Trainings are divided into thematic elements and take place progressively over time. The length, frequency, and requirements of training differ based on the implementing NGO. Across the CHV Program, CHVs must prove	CHEs are trained in interpersonal communication for family planning. The length and frequency of this training is unavailable.	Information unavailable

		competence before beginning training on the next service delivery element. This competence test is particularly true for the ability to deliver family planning method provision and IMCI.		
14	Do the CHWs receive comprehensive training for all of their responsibilities at once, or is training conducted over time? How does this impact their ability to deliver services?	CHVs receive modular trainings over time. They are not able to provide the full package of services until they have received all trainings.	Information unavailable	Information unavailable
15	Please note the health services provided by the various cadre(s) of CHW, as applicable (i.e. who can provide what service).	There are two levels of CHVs based on training received; the levels allow CHVs to take on their full role in stages. Level I CHVs provide family planning services, including the distribution of oral pills, condoms, CycleBeads, and counseling on all methods; antenatal care; nutrition counseling, including growth monitoring for children; information and education about sexually transmitted infections; information and education regarding childhood illnesses; and information, education, and community mobilization surrounding hygiene and community led total sanitation efforts. Level 2 CHVs provide the same services as Level 1 and additionally administer injectable contraceptives at the community level and provide IMCI and curative services. However, Madagascar is seeking to upgrade all CHVs to level 2, so the distinction between these levels may cease.	CHEs provide information, education, and referrals for family planning services via private sector providers. Some CHEs distribute condoms, oral contraceptive pills, and CycleBeads as family planning methods.	MS Ladies provide family planning counseling and service delivery for the majority of methods including implant and IUD insertion. MS Ladies do not perform sterilizations or distribute emergency contraception. They also attend deliveries.

16	Please list which family planning services are provided by which		CHVs		CHEs		MS Ladies	
	cadre(s), as applicable.	Information/ education	implants, emer	jectables, IUDs,	Oral pills, condoms, CycleBeads, injectables, implants, emergency contraception, and peri methods		Oral pills, condoms, CycleBeads, injectable, IUDs, implants, emergency contraception, and permanent methods	
		Method counseling	Oral pills, cond CycleBeads, in and implants	doms, jectables, IUDs,	Oral pills, condoms, CycleBeads		Oral pills, condoms, CycleBeads, injectable, IUDs, and implants	
			Oral pills, condoms, and CycleBeads	d	Oral pills, condoms, CycleBeads, injectable, IUDs, and implants			
		Referrals	Emergency contraception, injectables (Level I only), IUDs, implants, and permanent methods Emergency contracept pills, condoms, CycleB injectables, IUDs, implants and permanent metho		ads, nts,	Permanent methods and emergency contraception		
17	Do CHWs distribute commodities in their communities (i.e. zinc tablets, FP methods, etc.)? Which programs/products?	condoms, CycleBeads, injectable		Yes. CHEs distribute oral contraceptive pills, condoms, and CycleBeads.		Yes. MS Ladies distribute oral pills, condoms, injectable contraceptives, IUDs, implants, and misoprostol.		
18	Are CHWs paid, are incentives provided, or are they volunteers? Please differentiate by cadre, as applicable.	CHVs are a volunteer cadre and do not receive paid remuneration. However, they receive a small amount of money from the purchase of commodities by clients.		Information unavailable		Inform	ation unavailable	
19	Who is responsible for these incentives (MOH, NGO, municipality, combination)?	Incentives paid by client	CS.	Information una	Information unavailable		Information unavailable	

20	Do CHWs work in urban and/or rural areas?	CHVs work mostly rural areas.	CHEs work in mostly rural areas.	MS Ladies work in rural areas.
21	Are CHWs residents of the communities they serve? Were they residents before becoming CHWs (i.e. are they required to be a member of the community they serve)?	In general, CHVs are members of their communities. However, this is not a requirement of service.	Information unavailable	Information unavailable
22	Describe the geographic coverage/catchment area for each CHW.	Two CHVs are elected per village located more than five kilometers from the nearest health center. Villages located closer than five kilometers are meant to access services at that health center.	Information unavailable	Information unavailable
23	How do CHWs get to their clients (walk, bike, public transport, etc.)?	CHVs walk or bike to reach their clients.	Information unavailable	Information unavailable
24	Describe the CHW role in data collection and monitoring.	CHVs responsibilities for data collection vary based on the implementing NGO they work with.	Information unavailable	Information unavailable

IV. MANAGEMENT AND ORGANIZATION

25	Does the community health program have a decentralized management system? If so, what are the levels (state government, local government, etc.)?	The Community Health Volunteers Program has a centralized management system. However, the levels of implementation are: Region District Commune, and Fokontany (village).	The program is centrally managed by Marie Stopes Madagascar. MSM acts as a link between CHEs and the national community health program at the Fokontany level.	The program is centrally managed by Marie Stopes Madagascar.
26	Is the MOH responsible for the program, overall?	Yes, the program is implemented based on MOH policy.	No, the program is managed by Marie Stopes Madagascar, but compliments the national CHV program.	No, the program is managed by Marie Stopes Madagascar, but compliments the national CHV program.
27	What level of responsibility do regional, state, or local governments have for the program, if any? Please note responsibility by level of municipality.	Each Commune has a Social Development Committee that orients CHVs and mobilizes the community to support their work. Additionally, CHVs are supported by the health center manager of the local basic health center in combination with a technical assistant from an implementing NGO.	The Government of Madagascar (GoM) does not have responsibility for the program at any level; however coordination between the GoM and MSM is important to the success of the program.	The Government of Madagascar does not have responsibility for the program at any level; however coordination between the GoM and MSM is important to the success of the program.
28	What level of responsibility do international and local NGOs have for the program, if any?	The Community Health Volunteer Program is coordinated by MAHEFA, a U.S. Agency for International Development (USAID)-funded project that works with a network of local NGOs. All CHVs are trained and supervised by NGOs, in coordination with the MOH.	MSM is responsible for the full implementation of the program.	MSM is responsible for the full implementation of the program.

29	Are CHWs linked to the health system? Please describe the mechanism.	CHVs are part of the formal health system.	CHEs are linked to the health system via CHVs. CHEs work with CHVs to provide referrals to BlueStar facilities (social franchise program funded by MSM) for family planning services that are not available at local health centers.	Information unavailable	
30	Who supervises CHWs? What is the supervision process? Does the government share supervision with an NGO/NGOs? If so, please describe how they share supervision responsibilities.	NGO staff serve as first-line supervisors and contact the CHVs directly. NGOs work with MOH Health Center Managers to supervise CHVs.	CHEs receive supervision at BlueStar facilities.	MS Ladies receive supervision at BlueStar facilities.	
31	Where do CHWs refer clients for the next tier of services? Do lower level cadres refer to the next cadre up (of CHW) at all?	CHVs refer to the nearest MOH facility, BlueStar facility (social franchise program funded by MSM), or Top Réseau facility (social franchise program funded by Population Services International ((PSI). If a Level I CHV is working in close proximity to a Level 2 CHV, a referral to the next level may be made for either family planning or IMCI. However, due to NGO partner-driven implementation, Level I and Level 2 CHVs are not always trained in pairs. Thus, referrals are more often provided to social marketing organizations.	CHEs refer clients to MSM BlueStar facilities, CHVs, or MS Ladies for pregnancy-related care.	MS Ladies refer clients to BlueStar facilities.	

32	Where do CHWs refer clients specifically for FP services?		CHV		СНЕ		MS Ladies
	Please note by method.	Standard days method (SDM)/ fertility awareness method (FAM)	Nearest MC BlueStar faci Réseau facili		BlueStar facilities, CH' MS Ladies	Vs, or	Not applicable
		Condoms	Nearest MOH health center, BlueStar facility, or Top Réseau facility		BlueStar facilities, CH' MS Ladies	Vs, or	Not applicable
			BlueStar facilities, CHVs, or MS Ladies		Not applicable		
		Intramuscular Depo- Provera (DMPA (IM))	BlueStar facility, or Top Réseau facility Nearest MOH health center, BlueStar facility, or Top Réseau facility Nearest MOH health center, BlueStar facility, or Top Réseau facility Nearest MOH health center, BlueStar facility Nearest MOH health center, BlueStar facility, or Top Réseau facility		BlueStar facilities, CHVs, or MS Ladies		Not applicable
		Implants			BlueStar facility, or Top Réseau facility MS Ladies MS Ladies MS Ladies MS Ladies BlueStar facilities or MS Ladies BlueStar facilities or MS Ladies BlueStar facilities BlueStar facilities		Not applicable
		IUDs					Not applicable
		Permanent methods					BlueStar facilities
		Emergency contraception			BlueStar Facilities		BlueStar facilities
33	Are CHWs linked to other community outreach programs?	CHVs are linked to the Ma CHEs. These outreach wo together to mobilize comm	h workers work and MS Ladies for I		refer to both CHVs r health services.		ies are linked to CHEs and hrough referral mechanisms.

34	What mechanisms exist for knowledge sharing among CHWs/supervisors?	Information unavailable	Information unavailable	Information unavailable
35	What links exist to other institutions (schools, churches, associations, etc.)?	The CHV Program is linked to Marie Stopes programs.	The CHE Program is linked to the National CHV Program.	Information unavailable
36	Do vertical programs have separate CHWs or "share/integrated"?	The country is moving towards integrated CHVs. Depending on the implementing NGO, and status of training in a community, CHVs may be integrated and provide all services within the community health package, or provide services based on intervention type.	CHEs are the only cadre in the CHE Program; they only provide family planning services.	MS Ladies are the only cadre in this program. They provide both family planning and maternal health services, so are integrated to a degree.
37	Do they have data collection/reporting systems?	Data collection varies based on implementing NGO. Some CHVs use DataWinners to submit data via cellphones. Other CHVs deliver reports monthly to the local health center.	Information unavailable	Information unavailable
38	Describe any financing schemes that may be in place for the program (e.g. donor funding/MOH budget/municipal budget/health center user fees/direct user fees).	CHVs are a volunteer cadre and thus are not paid. CHVs do receive a small financial stipend for the products they sell to clients.	Information unavailable	Information unavailable
39	How and where do CHWs access the supplies they provide to clients (medicines, FP products, etc.)?	CHVs receive commodities from the implementing NGOs via PSIs Top Réseau facilities. These commodities are provided by USAID via the Central Contraceptives Procurement System.	CHEs receive commodities from Marie Stopes Madagascar.	MS Ladies receive commodities from Marie Stopes BlueStar facilities.
40	How and where do CHWs dispose of medical waste generated through their services (used needles, etc.)?	CHVs are provided with disposal boxes for sharps and other waste through MAHEFA or PSI. CHVs deliver the filled boxes to the local health center for disposal. Due to the lack of incinerators at the health facility level, most medical waste is disposed	Information unavailable	Information unavailable

	of using disposal pits.	

V. POLICIES

41	Is there a stand-alone community health policy? If not, is one underway or under discussion? Please provide a link if available online.	Yes. The National Community Health Policy was published in 2009 by the MOH to guide the promotion and harmonization of community-based health services by assessing lessons learned from Madagascar's multiple small-scale health initiatives.
42	Is the community health policy integrated within overall health policy?	Yes. The Madagascar Action Plan (MAP) for 2007-2012 outlines the key development goals for the country. The MAP includes the extension of the community health program to rural areas through a large network of community health workers as an intervention priority.
43	When was the last time the community health policy was updated? (months/years?)	The policy was last updated in 2010.
44	What is the proposed geographic scope of the program, according to the policy? (Nationwide? Select regions?)	Nationwide.
45	Does the policy specify which services can be provided by CHWs, and which cannot?	Yes. The policy provides a defined package of services to be delivered by CHVs.
46	Are there any policies specific to FP service provision (e.g. CHWs allowed to inject contraceptives)?	Yes.

VI. INFORMATION SOURCES

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VII. AT-A-GLANCE GUIDE TO MADAGASCAR COMMUNITY HEALTH SERVICE PROVISION

Intervention		Com	munity He	alth Volun	iteers	Con	nmunity H	ealth Educ	ators	MS Ladies			
Family Planning	Services/Products	Informatio n/ education	Counseling	Administer ed and/or provided product	Referral	Informatio n/ education	Counseling	Administer ed and/or provided product	Referral	Informatio n/ education	Counseling	Administer ed and/or provided product	Referral
	SDM/FAM	Х	Х	Х		Х		Х	Х	Х	Х	Х	
	Condoms	Х	×	×		Х		Х	X	X	X	Х	
	Oral pills	X	X	X		Х			X	X	X	Х	
	DMPA (IM)	X	X	X		Х			X	X	X	Х	
	Implants	X	×		X	Х			Х	X	X	Х	
	IUDs	X	X		Х	Х			Х	Х	Х	Х	
	Emergency contraception	×			×	×			×	×			×
	Permanent methods	×	×		×	×			×	×	×	×	
HIV/AIDS	Voluntary counselling and testing (VCT)	×	×		X								
	Prevention of mother-to-child transmission (of HIV) (PMTCT)	X	×		×								

Maternal and child health (MCH)	Misoprostol (for prevention of postpartum hemorrhage - PPH)								×	
	Zinc	X	X	X						
	ORS	X	X	X						
	Immunizations				X					
Malaria	Bed nets	Х	Х	Х	Х					
	IRS	Х	Х	Х	Х					
	Sulphadoxine- pyrimethamine (for treatment of uncomplicated malaria) (SP)	×	×	×	×					
Water, Sanitation, and Hygiene (WASH)	WASH	×								

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